

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047721

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 217

Primary Registration District No. 4328

Registrar's No. 88

FILED DEC 21 1962

VS 300  
Rev. 4/59

5670  
8670

3  
4 0  
5 1  
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7 1  
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9420.1  
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1290-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bertrand		c. CITY OR TOWN Bertrand	
Length of stay in 1b 3 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bertrand residence		d. STREET ADDRESS (If outside, give location) 1 street N. Hy 60 W	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Aubrey Hughes Hayden		4. DATE OF DEATH Month Day Year 12-9-1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-17-1891
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Graves County, Ky		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Bennett Hayden		13b. MOTHER'S MAIDEN NAME Valdonia Burgess	
14. NAME OF HUSBAND OR WIFE Alice M. Hayden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Alice M. Hayden Mrs Alice M Hayden, Bertrand, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ac. Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mell.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>few min</u> <u>S.K.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1960 to 12/9/62 and last saw him alive on 11/23/62 Death occurred at 9:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. Charles Kalwing</u> (Degree or title) M. D.		22b. ADDRESS Charleston, Mo.	
22c. DATE SIGNED 12-10-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-12-1962	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	
23d. LOCATION (City, town, or county) Charleston, Mo.		(State)	
24. FUNERAL DIRECTOR <u>John R. Hume</u> ADDRESS		25. DATE RECD. BY LOCAL REG. 12-15-62	
26. REGISTRAR'S SIGNATURE <u>Sorathy B. Haddorn</u>			

MAR 20 1963

DEC 26 1962

Permit received  
12-1262  
DH

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John D. Munneke Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.